

**L110001030008**

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
SAGO HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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EXAMINER

H11000221150

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF  
SAGO HOLDINGS LLC**

**ARTICLE I**

**The Name of the Limited Liability Company shall be: SAGO HOLDINGS LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

**The mailing address and street address of the principal office of the limited liability company is :**

12555 ORANGE DRIVE  
SUITE 112  
DAVIE, FL 33330

**ARTICLE IV**

**The name of the Manager(S) and Managing Member(s) shall be:**

**MANAGING MEMBER/MEMBER  
JOHN L. ABITANTE**

**ARTICLE V**

**The name and florida street address of the registered agent:**

JOHN L. ABITANTE  
12555 ORANGE DRIVE  
SUITE 112  
DAVIE, FL 33330

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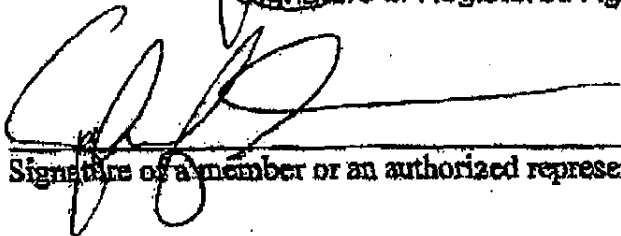
**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

SAGO HOLDINGS LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature of Registered Agent

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOHN L. ABITANTE

Typed or printed name of signee

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